

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66-63-021079

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 66

FILED MAY 21 1963

VS 300
Rev. 4/59

10850

20850

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9560.2

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fort Leonard Wood</u>		c. CITY OR TOWN <u>Waynesville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>US Army Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Bell Haven Trailer Court</u>	
3. NAME OF DECEASED (Type or print) First <u>Teddie</u> Middle <u>Carl</u> Last <u>Akers</u>		4. DATE OF DEATH Month <u>May</u> Day <u>10</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9 May 63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>N/A</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>N/A</u>	
11a. FATHER'S NAME <u>Freddie G. Akers</u>		11b. MOTHER'S MAIDEN NAME <u>Betty Carol Stanley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>Freddie G. Akers</u>		17. ADDRESS <u>Bell Haven Mo. Trailer Ct, Waynesville.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Peritonitis</u> DUE TO (b) <u>Congenital oomphalocele</u> DUE TO (c) <u>Prematurity</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>[REDACTED]</u>		INTERVAL BETWEEN ONSET AND DEATH <u>34 hours</u>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>[REDACTED]</u>	
20c. TIME OF INJURY Hour <u>[REDACTED]</u> a.m. <u>[REDACTED]</u> p.m. <u>[REDACTED]</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>[REDACTED]</u>		20f. CITY, TOWN, OR LOCATION <u>[REDACTED]</u>	
21. I attended the deceased from <u>9 May 1963</u> to <u>10 May 1963</u> and last saw him alive on <u>10 May 1963</u> Death occurred at <u>USAH, Ft Leonard Wood 4:10pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Warren S. P. Henderson</u> (Degree or title) <u>Warren S. P. Henderson, Lt Col, MC</u>	
22b. ADDRESS <u>US Army Hospital</u> <u>Fort Leonard Wood, Missouri</u>		22c. DATE SIGNED <u>11 May 63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>5/13/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Post Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Ft Leonard Wood MO</u>
24. FUNERAL DIRECTOR <u>MOSS-Williams</u> ADDRESS <u>Waynesville, MO</u>		25. DATE RECD. BY LOCAL REG. <u>5-16-63</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Clarence Prose

Licensed Embalmer No. 4896

P. O. Address Waynesville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.